

VasCon CARDIOVASCULAR INSTRUMENTATION

VasCon, LLC

9344 NW 13 Street Suite 200
Miami Florida 33172-2808

www.vasconllc.com
Ph.: 305/477-2406

Fax: 305/592-6605
Fax: 305/592-0826

Confidential

PURCHASE REQUISITION No: Do Not Fill
PURCH. ORDER DATE: Do Not Fill
APPROVED VENDOR REQUIRED - (YES/NO): YES
ACCOUNTS PAYABLE SYSTEM - ACCOUNT No: Do Not Fill
VENDOR ASSIGNED ACCT. TO CATHION No: Do Not Fill

PUR. REQ. DATE: 22-May-2001

Vendor

Name: Janet
Company: Foster Corporation
Address: 329 Lake Road, PO Box 997
City: Dayville St: CT ZIP: 06241
Phone: (860) 774-3964 Fax: (860) 779-0805
E-mail: foster.corp@fostercomp.co

Requisitioned by / Ship To

Name: Cliff Taylor
Company: VasCon, LLC
Address: 9344 NW 13 Street Suite 200
City: Miami St: FL ZIP: 33172-2808
Phone: 305/477-2406 X-111 Fax: 305/592-6605
E-mail: ctaylor@vasconllc.com Fax: 305/592-0826

Qty	Units	Description	Unit Price	TOTAL
50	lbs	Grilamid L25-6086 + 5% Nanocomposite	25.0000	1,250.00

Foster to supply all raw materials

C of C Required with Shipment that includes:

- 1) Material and manufacturer name for each component.
- 2) Material lot number for each component.
- 3) Vendors identifying component lot Number.
- 4) Final percentage by weight of each component.



Payment Information

Credit Card:
Name:
Credit Card No:
Exp Date:
Check:
On Account: Do Not Fill

Please Provide
Confirmation of
Receipt of this
Purchase Order

SubTotal 1,250.00
Shipping & Handling
SubTotal + Sh. & Hndlg. 1,250.00
Taxes (If Applicable)
Other
TOTAL 1,250.00

Shipping Information

Carrier: Date:

This P.O. Approved by:

Oscar Jimenez 00/00/00

This P.O. is not valid without an authorized signature.

Remarks:

1. A Certificate of Compliance or Certificate of Analysis is required: ☒ Yes ☐ No
2. An MSDS, if applicable, is required with shipment: ☐ Yes ☒ No
3. Supplier agrees to notify Cathion Corporation of changes in the product or service specifications or process so that Cathion Corporation may determine whether the changes may affect the quality of the finished device.

Vendor's Quote/Order No: Quote # 3893
Sales Rep/Contact: Janet

Dear Vendor:

To ensure prompt payment, please
include our P.O. # in your Invoice
and Packing List.

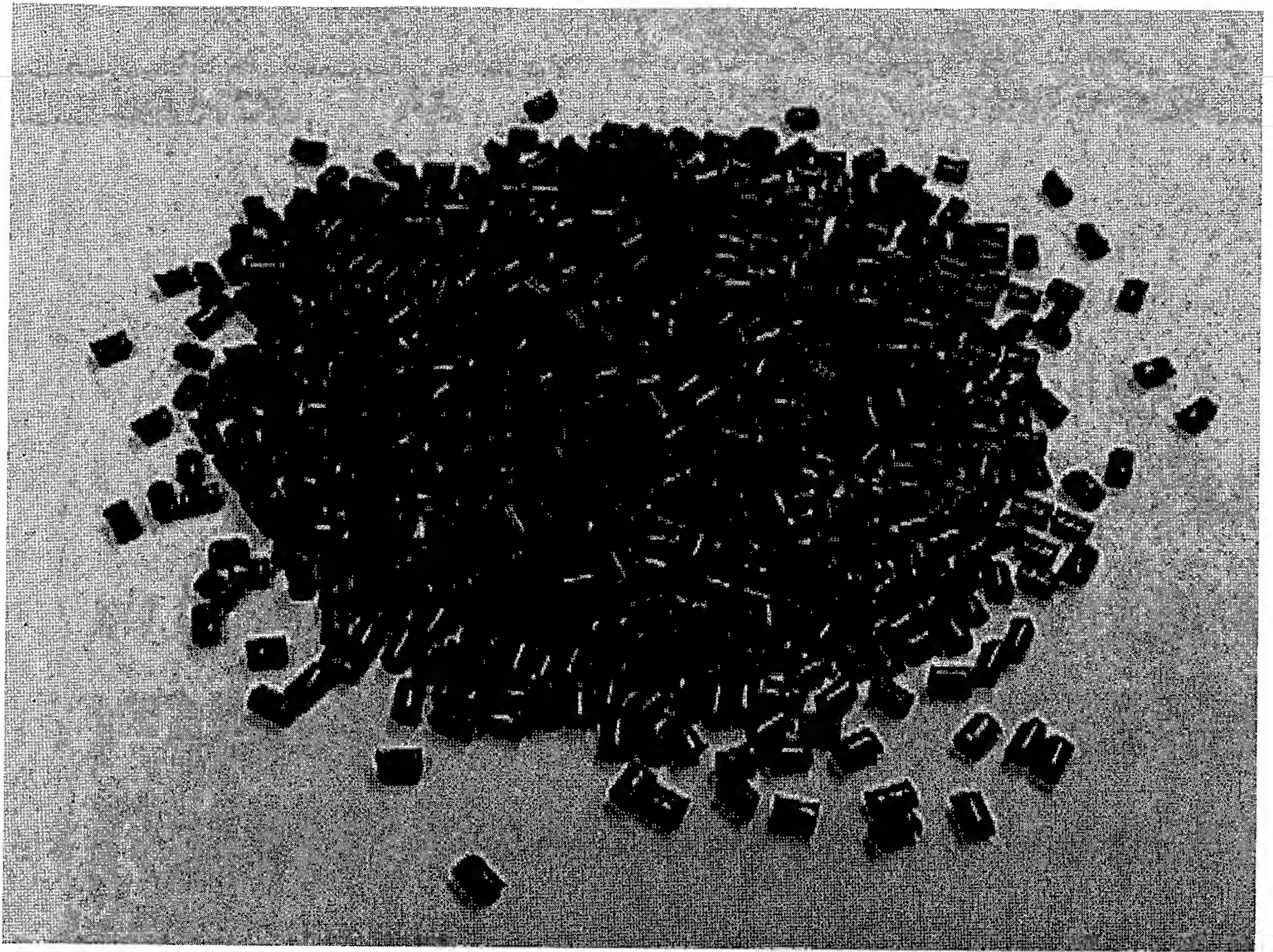
Requisitioned by Cliff Taylor

23-Dec-2003

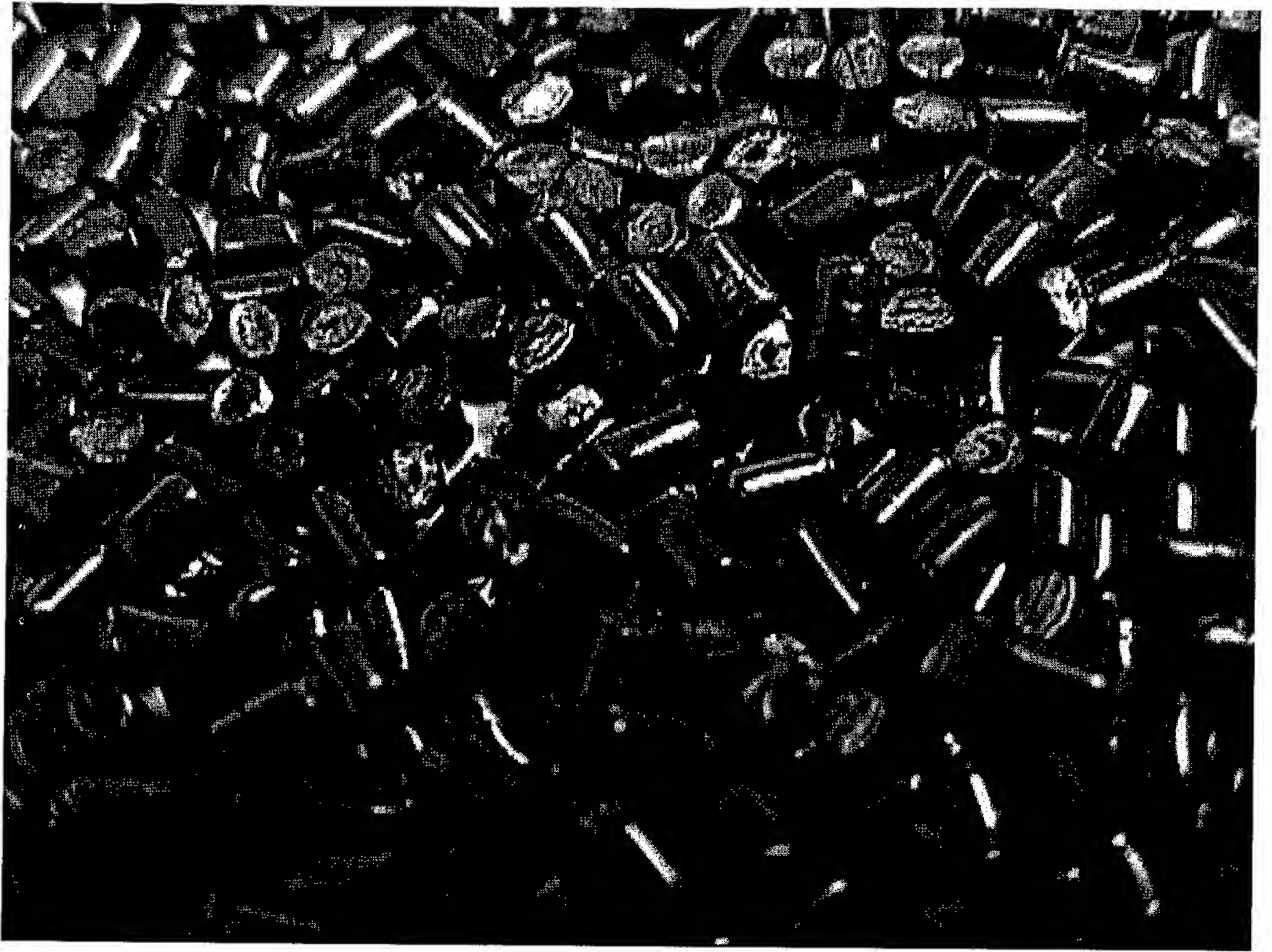
3:32 PM

Foster PO 1.xls

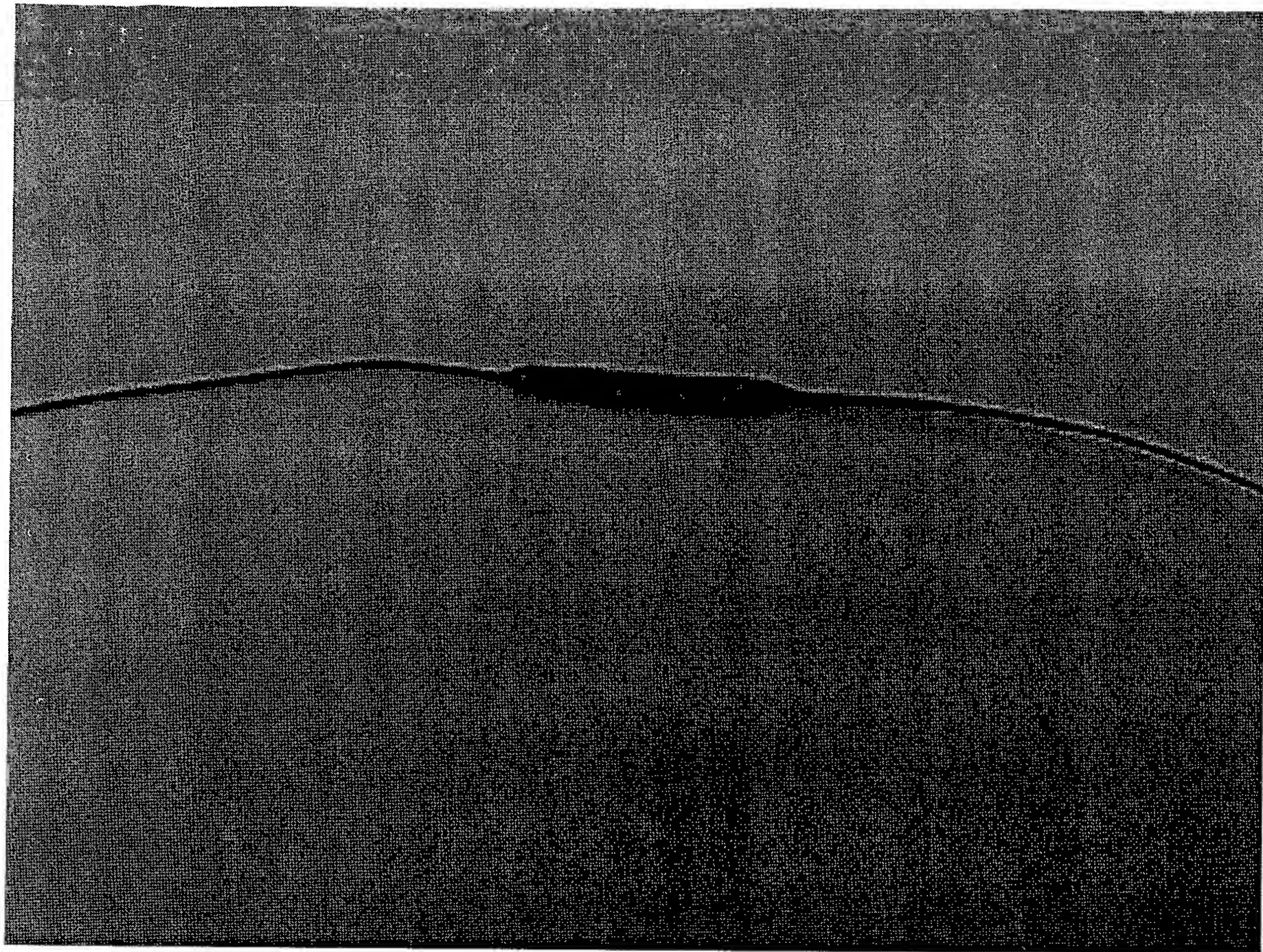


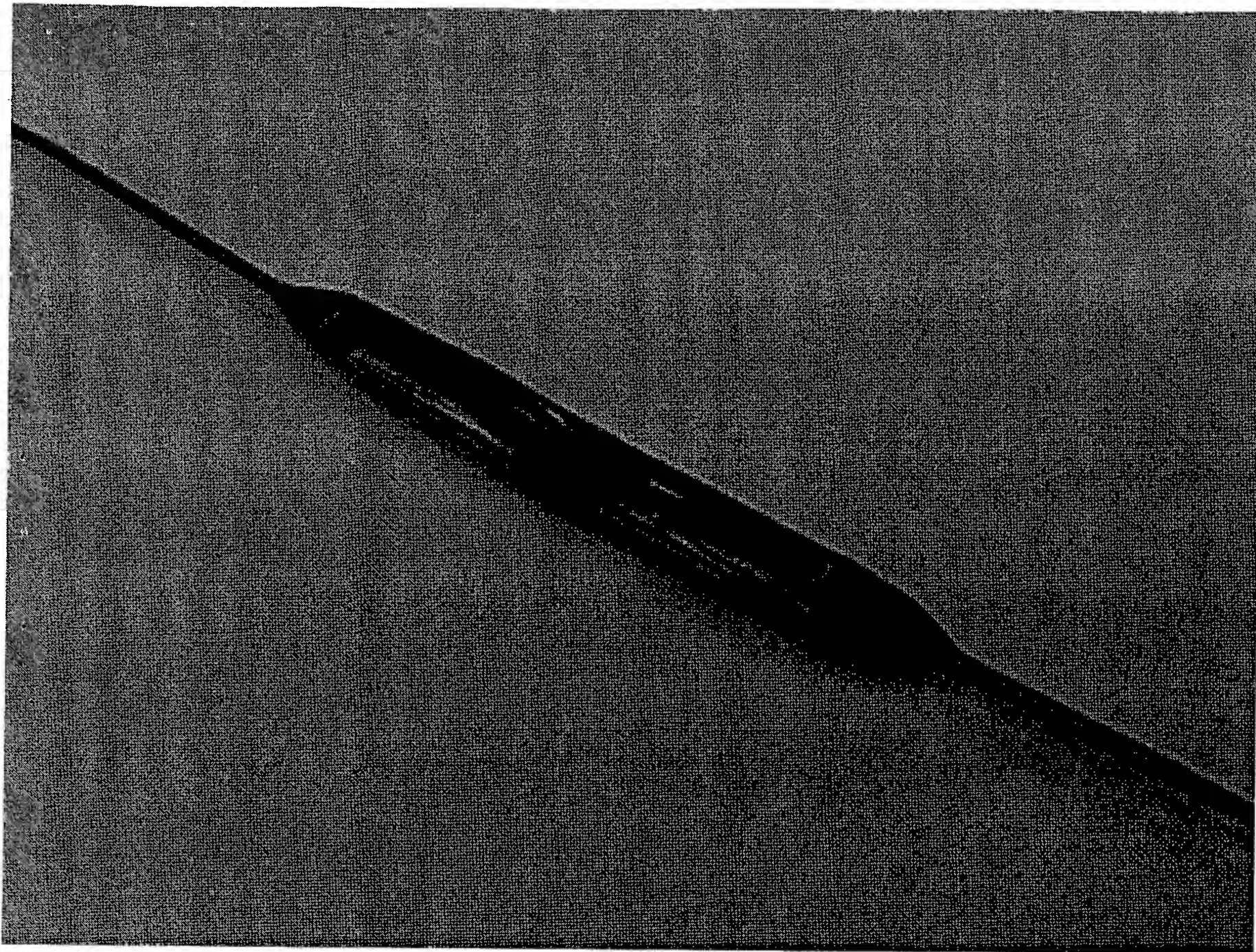


PENGAD-Beyonne, N. 1.
EXHIBIT
2

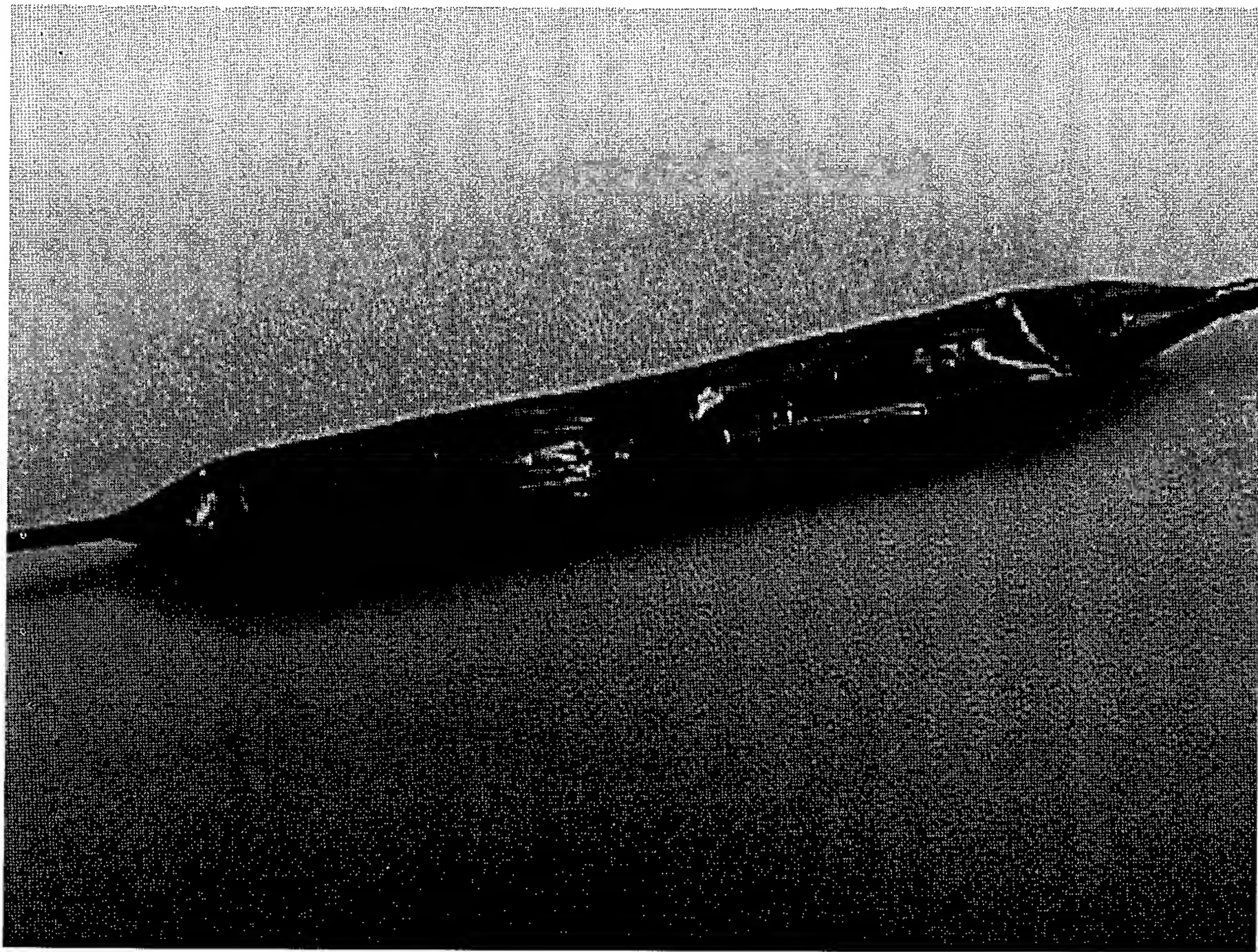


PERGAD-Byones, R. J.
EXHIBIT
3





PERGID-Beyers, N. J.
EXHIBIT
5



PEH6AD-Beyonce, N. 1.
EXHIBIT
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